

The City of Lynchburg, Virginia

POST OFFICE BOX 199, LYNCHBURG, VIRGINIA 24505

		k Request			Y			
Last Name, First, Middle (please print)			Race	Sex	Date of Birth		Place of Birth	
Address			L	Social Security Numb	ber			
City, State an	nd Zipco	ode						
I certify that	at this	request is	being made in accord	ance with	n Title 19.2-	389 of the Code of	Virginia,	as amended.
			Criminal Justice					
			□ Non-Criminal		Signature		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			□ Visa Purposes		Print Name			
		Do not writ	e in spaces below					
Check One		No Record	Found	Unautho	orized dissem	ination will subject the	disseminate	or to criminal and civil penalties. This record
See Attached			ied	minted t	to Lynchburg charges only. Only adult conviction data provided.			
Searched by:							Date:	
This departr	ment re	egrets that 89 allows i	it can no longer legally persons the right to acc	provide cr	iminal histor	y record information	to individu	uals except under special circumstance
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